

*Effective on 12/08/2004.**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

# FEE TRANSMITTAL

## For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	650.00	Attorney Docket No.	1261-0156PUS1
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**Complete if Known**

Application Number	10/516,743-Conf. #6909
Filing Date	May 26, 2005
First Named Inventor	Hiroyuki OSADA
Examiner Name	K. Cheng
Art Unit	1626

<b>METHOD OF PAYMENT</b> (check all that apply)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 02-2448	Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP		

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

		Small Entity
Fee (\$)	Fee (\$)	
50	25	
200	100	
360	180	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
15	- 20 =	x _____	= _____

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
_____	_____

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 =	1 x 200.00	= 200.00

HP = highest number of independent claims paid for, if greater than 3.

Fee (\$)	Fee Paid (\$)
_____	_____

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

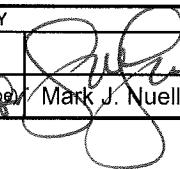
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 =	/50 (round up to a whole number) x _____	=	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month

450.00

SUBMITTED BY				
Signature		*47,604	Registration No. (Attorney/Agent)	36,623
Name (Print/Type)	Mark J. Nuell		Telephone	(703) 205-8043
			Date	April 24, 2007